

# Commonwealth of Virginia



## Application For A Department of Health Food Establishment Permit

Application for a: ☐ New Establishment ☐ Renewal ☐ Name Change ☐ Change of Owner

Name of establishment: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Physical location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Establishment owner is a/an: ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other

Association, Corporation, Partnership name: \_\_\_\_\_

Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Local registered agent (if required):

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Person directly responsible for the establishment:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Immediate supervisor of person directly responsible for the establishment:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_

**Is the food establishment: (check appropriate box)** ☐ Stationary or ☐ Mobile

**Is the food establishment: (check appropriate box)** ☐ Temporary or ☐ Permanent

**Does the establishment: (check Yes or No)**

- (1) Prepare, offer for sale, or serve potentially hazardous food: ☐ Yes ☐ No
- (a) Only to order upon a consumer's request ☐ Yes ☐ No
- (b) In advance quantities ☐ Yes ☐ No
- (c) Using time as the public health control ☐ Yes ☐ No
- (2) Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous food ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing ☐ Yes ☐ No
- (3) Prepare food as specified under (2) for delivery to and consumption at a location off premises of the food establishment where it is prepared ☐ Yes ☐ No
- (4) Prepare food as specified under (2) of this section for service to a highly susceptible Population (i.e., the elderly, children, or those with weakened immune systems) ☐ Yes ☐ No
- (5) Does not prepare but offers for sale only prepackaged food that is not potentially hazardous ☐ Yes ☐ No
- (6) Prepares only food that is not potentially hazardous ☐ Yes ☐ No

**Number of seats:** \_\_\_\_\_

**Water Supply: (check appropriate box)** ☐ Public – Name \_\_\_\_\_ ☐ Private – Type \_\_\_\_\_

**Sewage: (check appropriate box)** ☐ Public – Name \_\_\_\_\_ ☐ Private – Type \_\_\_\_\_

I/we attest to the accuracy of the information provided, affirm to comply with the Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**For Official Use**

Approved for Permit \_\_\_\_\_

Environmental Health Spec. \_\_\_\_\_

Date Signed: \_\_\_\_\_

Environmental Health Spec. \_\_\_\_\_

Date Issued: \_\_\_\_\_

Environmental Health Spec. \_\_\_\_\_